Serenity as a Goal for Nursing Practice

Kay T. Roberts, Ann Whall

Purpose: *To extend a conceptual analysis of serenity by explaining how serenity develops and to present an analysis of serenity interventions.*

Significance: *Serenity is highly desired by many. There is evidence that the experience of serenity improves health. The information presented proposes how nurses can use knowledge about serenity in practice.*

Organizing Framework: *Serenity is viewed as a learned, positive emotion of inner peace that can be sustained. It is a spiritual concept that decreases perceived stress and improves physical and emotional health.*

Sources and Approach: *Results of a conceptual analysis of serenity, research findings related to development of a Serenity Scale, practice experience, and the literature provided a foundation for the analysis. Inductive reasoning and substruction were the primary methods of constructing the proposed relationships. A nursing practice example is included.*

Conclusions: *The experience of serenity is related to development of the higher self. Four levels of serenity are a safe, wise, beneficent, and universal self. Knowledge about serenity can help nurses to select interventions that promote clients' health.*

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Human emotions are keys that unlock relationships among mind, body, spirit, and health (Pert, 1993). Healers, throughout the years, have suggested that health can be enriched through the creation of positive emotions (Flowers, 1988; Nightingale, 1859). These claims, however, often go unheeded. Contemporary theorists, (Kabat-Zin, 1993; Kemeny, 1993; Parse, 1981; Rogers, 1990; Siegel, 1986), have provided new insights about the link between emotions and physical, psychological, and spiritual health.

The idea of serenity is important for nurses to consider because it captures a holistic view of health. As Pert (1993) contended, "Part of being healthy is being well integrated and at peace" (p.189). Serenity (Roberts & Fitzgerald, 1991) is a low intensity, positive emotion that reflects human integration and peacefulness. Serenity implies harmony of body, spirit, and mind. Henry (1986), proposed that being serene leads to decreased stress and therefore enhances health. Surveys of nurses practicing in hospice and gerontologic settings (Kim, 1994; Messenger & Roberts, 1994) show that 90% think that serenity was very important to the health of their clients.

To learn more about the link between emotions and health, we studied serenity through a series of projects. First, critical attributes of serenity were defined (Roberts & Fitzgerald, 1991). The critical attributes served as a framework for a self-report questionnaire, the Serenity Scale (SS) (Roberts & Cunningham, 1990). Factor analysis was then used to examine the SS (Roberts & Aspy, 1993). From use of the SS and an extensive literature review, Messenger and Roberts (1994) identified several serenity interventions. Finally, inductive reasoning and substruction—classifying concepts by level of abstraction and similarities—(Dulock & Holzemer, 1991) led to hypothesized relationships that lead to serenity.

Serenity as an Emotion

Emotions are sensations associated with feelings (Fowler & Fowler, 1964). They function as a bridge between the physical and the mental (Pert, 1993). Serenity is an emotional experience of inner peace that is sustained regardless of life events (Gerber, 1986). Serenity is not always being happy; rather it is being able to have an inner calm despite negative life circumstances. Even the most serene people experience disruption of serenity. However, with varying degrees of personal "lag" time, they tend to return to a serene state.

A serene state is an awakened state (Gerber, 1986). When serene, one experiences a level of consciousness that is more intense than normal awareness. Serenity is a spiritual construct

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Non-Serenity					Serenity
Violence	Conflict	Disharmony	Tension	Peacefulness	Beneficience
Despair	Depression	Grief	Sadness	Contentment	Fulfillment
Addiction	Hedonism	Excess	Excess	Moderation	Satiety
Panic	Fear	Agitation	Anxiety	Relaxation	Safety
Rage	Explosiveness	Anger	Irritability	Peacefulness	Altruism
Isolation					Belonging

Figure 1: Serenity and other emotional states.

in that it is associated with values such as goodness, love, charity, and one's relationships (Whitfield, 1984b). **Figure 1** describes the possible relationship between serenity and other common emotional states.

Roberts and Fitzgerald (1991) identified 10 attributes that characterize serene people: (a) Being able to reach an inner haven; (b) Ability to detach from negative or undesired emotions; (c) Having a sense of belonging; (d) Giving unconditionally; (e) Trusting in a higher power; (f) Accepting situations that cannot be changed; (g) Changing what can be changed; (h) Letting go of the past and the future; (i) Forgiving self and others; and (j) Having a long-range view of life. A factor analysis of the SS (Roberts & Aspy, 1993) led to slight changes in wording of these attributes (**Figure 2**).

Serenity, Self, and Development

We proposed that the experience of serenity is an outcome of development of the higher self. The greater the development of the higher self, the greater the level of the experience of serenity. Self is one's emotional being and represents a striving for wholeness and harmony. Self evolves from one's perceptions of self and others. It is multifaceted and consists of a lower and higher self. The higher self is a reflection of a person's inner drive to seek goodness and truth. Two dynamic life forces comprise the higher self: The personal self and the extended self. **Figure 2** shows these relationships.

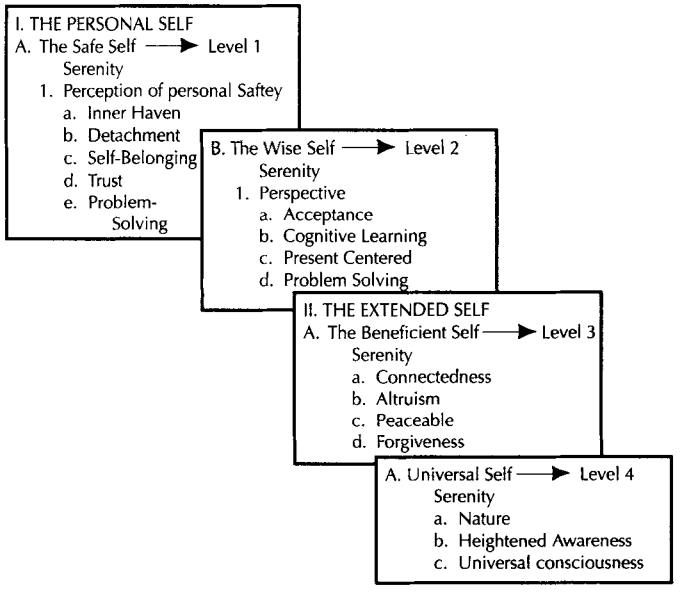

Figure 2: Development of the higher self.

The personal self is consciously and unconsciously perceived as one's individual boundaries (thoughts, sensations, and physical processes) that are separate from "other." The personal self is the product of the (a) safe self or the degree of perception of personal safety, and (b) wise self or the degree of perspective or wisdom.

The extended self extends beyond one's consciously and unconsciously perceived personal boundaries. The extended self is the product of (a) the beneficent self, i.e., active kindness and charity, as the disposition to do good and promote the prosperity of others, and (b) the universal self, i.e., the degree of connectedness that one feels with universal elements. In the ultimate experience, the universal self represents a connection with pure energy, as in the ecstatic meditative experiences described by the mystics or perhaps through death.

Development of the higher self represents growth. It exists along a continuum from no development to maximum development. Generally, development proceeds from safe to wise to beneficent to universal self. Development can, however, occur at any level and lower levels are enhanced by partial development of higher levels. For example partial development of the universal self can increase wisdom through changing one's perspective. Maximum self development is experienced when each of the safe, wise, extended, and universal selves have each achieved the greatest possible growth and exist together in total harmony.

Development represents a personal life journey that is lived alone and in relationship with others (Sinetar, 1986). The ability to live life alone in wholeness must be learned before one can be fully in loving relationships with others (Tillich, 1963): Maximum development of the personal self is a pre-condition for the maximum development of the extended self.

Level of Experience of Serenity

Taking all relevant data into consideration, we hypothesized that there are four levels of serenity. At Level 1, one experiences serenity at the lowest intensity and at Level 4, the highest (**Figure 2**).

Level 1 Serenity evolves from the safe self. Strategies to attain Level 1 Serenity facilitate a perception of personal safety. These include (a) detaching from negative emotions, (b) connecting with one's inner haven, (c) establishing and nurturing self-belonging, (d) developing a sense of trust, and (e) problem solving to escape danger.

Level 2 Serenity evolves from the wise self. Strategies to attain Level 2 facilitate perspective and include (a) accepting what cannot be changed, (b) cognitively restructuring a life situation as meaningful, (c) increasing and maintaining awareness of the present, and (d) doing what one can do to change what can be changed (and what one wants to change).

Level 3 evolves from the beneficent self. Strategies to attain

Level 3 establish connection with the goodness of one's being. These include (a) perceiving one's connectedness, (b) being altruistic, (c) choosing a peaceful stance with life, and (d) forgiving self, others, and fate.

Level 4 evolves from the universal self. Strategies to attain this level are those that provide the experience of "being" and universal connectedness attained through nature, art, music, meditation, suffering, service, or other avenues that tap one's spirituality. The ultimate level is connectedness with pure being (energy).

Theoretical Support for the Relationships

Self

A philosopher is a seeker of wisdom (Fowler & Fowler, 1964). Self in the serenity theory refers to philosophers' views of the explained and unexplained, physical and nonphysical, essences of human being. It is a person's own individuality (Fowler & Fowler; 1964). James (1952) defined the self as the sum of all that one can call one's own. Jung (deLaszlo, 1959) described self as striving for total unity.

Higher Self: Personal and Extended

Philosophers' portrayal of lower and higher dimensions of the self provide a basis for the higher self of the serenity theory. For example, in one Indian philosophy, the higher self sets humans apart from mere animal existence (Chatterjee, 1991). Self belongs to a higher order of existence than the physical world. The task of humans is to tame the lower (animal) self through self control and to develop the spirit within. Whitfield (1984a,b) and Dossey, Keegan, Guzzetta, and Kolkmeier (1988) similarly described self as spiritual with the higher self as a sanctuary from stress. It is more loving and trusting than the lower self. It is an awakened state that is more aware than normal consciousness.

In contrast, the lower self is a competitive ego mind that is defensive, righteous, attached, and addicted (Whitfield, 1984 a,b). It is associated with the survival-oriented nature of the lower self and is unconcerned with the welfare of other. Merton (1961) believed that an external outward self lives a shadowy, not necessarily evil, earthy existence by focusing on transient realities. Gerber (1986) depicted a superficial self comprised of multiple, changeable, I's.

The personal and extended selves are evident in authors' descriptions of the higher self. Dossey and colleagues (1988) defined a transpersonal self that transcends the personal individual identity and includes unity with universal principles (p.24). Merton (1961) believed that the "inner" self is the true, universal self. He invited those seeking tranquility to forget their external selves. Maslow (1970) depicted a self that must first meet personal safety needs before progressing to extended social, self-esteem, and self-actualizing needs.

Personal Self

The personal self perceives self-boundaries as separate from other. It knows who one is as an individual at the core of one's being. It recognizes personal thoughts and feelings that may be influenced by, but nevertheless exist independently from, that which is external to the personal self (Sinetar, 1986). The personal self is grounded in our observations that a nurturing relationship with one's self is essential to the experience of serenity (Roberts & Fitzgerald, 1991).

Safe Self

At the heart of serenity literature is a depiction of perceived safety. Marcus Aurelius' (1964) words, "Nowhere can man find a quieter or more untroubled retreat than in his own soul" (p.63) summarizes the philosophy of many authors about a perceived safe, inner self. McKenna (1977) depicted the ability to reach the quiet mind as the inner chamber of tranquility. Gerber (1986) contended that humans possess a quiet inner haven where the world can be viewed with detachment and a sense of safety.

Bailey (1990) found the perception of a safe self in the memory of himself as a young boy when he felt happy, loved, and secure. Reed (1987) experienced a safe self through accepting and confronting his fear of the AIDS epidemic (p.32). The ability to problem solve contributes to a perception of safety. Israel (1983), Oates (1979), and recovering alcoholics (Alcoholics Anonymous, 1976) noted that a sense of survival of life's trials often leads to a perception of an inner safety. For some (Morling, 1989) the safe self is associated with an inner experience of God.

Wise Self

The Wise Self appraises life situations and helps one determine appropriate action and perceptions. Perspective, the hindsight into the past, insight into the present, and foresight into the future, is the foundation of the wise self (W.E. Oates, personal communication, April 18, 1988). A long-term view of life events is needed (Gerber, 1986). Bodley (1955) believed that worry (the lack of perspective) is an unnecessary barrier to serenity.

Perspective reflects wisdom. Bailey (1990) espoused a positive relationship between wisdom and serenity. The Serenity Prayer asks for the *wisdom* to sort out the difference between what can and cannot be changed. Tillich (1963) defined wisdom as "insight into the meaning of one's life, into its conflicts and dangers, into its creative and destructive powers, and into the ground out of which it comes and to which it must return" (p. 167). Baltes (1993) defined wisdom as "an expert knowledge system in the fundamental pragmatics of life permitting excellent judgement and advice involving important and uncertain matters of life" (p. 586). Maxwell and Wilkerson (1982) found that Rational Therapy as a teaching strategy increased the level of serenity in college students.

Extended Self: Beneficent and Universal

The extended self is a stretching forth beyond one's perceived personal boundaries. It implies a spiritual awakening and transformation (Whitfield, 1984b). The extended self implies a receptiveness to one's perceived personal boundary that can extend beyond spatial and temporal boundaries (Dossey et al., 1988). Self-transcendence (Reed, 1991; 1992) is a characteristic of developmental maturity whereby there is an orientation toward broadened life perspectives and purposes. In the extended self,

the broadened life perspectives and purposes extend toward goodness (Aurelius, 1964).

Beneficent Self

The beneficent self emerges from an inner necessity to seek goodness, to give love, and to bestow affection (Liebman, 1946). An Alcoholics Anonymous (AA) book (1976) described humans' therapeutic impulse to help others as a way to spiritual awakening. Merton (1961) acknowledged that helping others was the only true purpose of contemplation. Gerber (1986) directed serenity seekers to try conscious kindness. "Do what you deem to be the kind thing in a situation and do it consciously. It will elevate you to being big in spirit...magnanimous" (p.224). The psychosocial stage of generativity (Erickson, 1963) and Frankl's (1963) logotherapy reflects the extension of the self to others.

Peaceful means disposed toward peace (Fowler & Fowler, 1964). A peaceful spirit is at the heart of beneficence. Tillich (1963) advised readers to give thanks for everything because good comes from evil and becomes the object of honest thanks. Peale (1956) and Bodley (1955) taught that the way to happiness is to keep one's heart free from negative emotions. Buddha prescribed love (Burtt, 1955) and admonished humans to overcome anger by love, evil by good, and greed by liberality. Although the word serenity is not used in the Bible, the 10 beatitudes in the Sermon on the Mount—Matthew 5:3-13—edifies the concept of beneficent self and the peaceful spirit (May & Metzger, 1973).

Universal Self

The universal self stretches beyond the beneficent self. It is echoed in three major themes in serenity literature. First, there is a recognition of the universality of the human experience. Second, there is a consistent association of nature with the experience of serenity. Finally, there are mystical experiences of being universally connected (Merton, 1961).

The parable of the mustard seed in Buddhism describes serenity as emerging from the recognition of the universality of the human experience (Marshall, 1978). The story is that Kisa Gotami brought the corpse of her infant to Buddha. Unable to quiet her pain, the mother begged Buddha to bring her child back to life. Buddha told Kisa to find a mustard seed from a house that had experienced no suffering and death and he would do so. Kisma discovered the universality of suffering and in so doing was able to accept the death of her infant.

Much like the lesson in Kisa's search for the mustard seed, Alcoholics Anonymous (AA) (1976) teaches that universal experience lessens anger and resentment. Merton (1961), advised contemplatives to look for their identity not only in God but in other people. Tillich (1963) described the ultimate unity as participating in other people's pain as well as joy. Jackson (1977) defined serenity as a feeling of being in tune with one's surroundings.

The admonition to be *with nature* is a pervasive idea in the serenity literature (Oates, 1979). Nature reflects our biological heritage. Loved ones recognize the calming influence of nature by sending flowers to the hospitalized. Designers and planners of long-term care institutions attempt to bring nature into the environment through birds, flowers, pets, and gardens. Nature touches the inner, universal self that asks humans to be content with being (St. James, 1995; Tillich, 1963). Just as Christ went to the wilderness to quiet his fearful soul before the crucifixion, many others choose solitude in nature to gain or regain serenity.

Contemplatives and mystics give a vision of connectedness that is beyond the usual experience. *Quietud sabrosa*, (Merton, 1961) is a beautiful, deep, "tranquility full of savor and rest and unction in which, although there is nothing to feed and satisfy either the senses or the imagination or the intellect, the will rests in a deep luminous and absorbing experience of love" (p. 276). To enter the contemplative experience is to participate in the cosmic dance. John, an ordinary man, captured the universal self in his personal definition of serenity.

> When I was young, I was on the mountain top with a group and a church leader. We held hands and prayed and I could see the ducks around the lake on the ground. That is what I think serenity is like.

Serenity and Development of the Self

The experience of serenity is associated with development of the higher self (Aurelius, 1964; Gerber, 1986). Development of the higher self occurs continuously over time and is influenced by our total life experience (Whitfield, 1984a). It is an uneven, inner transformation toward self-realization and a striving for total unity (individuation) (deLaszlo, 1959). Having mastered negative impulses, self-development is a strengthening of one's virtues (Gerber, 1986).

Maslow (1970) said that all humans have an innate tendency to become self-actualizing but that they move through a hierarchy of needs that must be satisfied if their development is to be complete. Developmental sequences are also specified in Baltes' (1993) model of wisdom, Piaget's (1972) theory of cognitive development, Kolberg's (1970) stages of moral development, as well as Erickson's (1963) and Peck's (1968) psychosocial stages of development.

Mediating variables are like go-betweens in a chain linking two other variables (Polit & Hungler, 1995). Roberts and Fitzgerald (1991) found that the ability to conceptualize and life experiences influence development of serenity. Role models and teachers as well as emotional trauma also affect attainment of serenity. Genetic temperament can influence one's path toward serenity but does not preclude the experience of serenity (Bodley, 1955). Life conditions that influence the development of wisdom (and therefore the wise self) include: (a) general personal conditions, (b) specific expertise conditions, (c) and facilitative life contexts such as nurturing or trauma (Baltes, 1993). There may be a greater valuing of serenity with advancing age (Dittmann-Kohli, 1992; Ryff, 1991). Life experiences that nurture the self create a receptiveness to serenity (Oates, 1979.)

Levels of Serenity. Variation in the intensity of the experience of serenity was reported in the literature. The experience varied from a fleeting awareness of serenity in the newly recovering alcoholic (Alcoholics Anonymous, 1976), to

a sustained deeply felt inner peace (Pfau, 1988) to experiences of ecstasy of contemplatives (Merton, 1961).

Clinical Implications for Nursing

Clinical nursing research that evaluates client outcomes of nurse-directed serenity interventions will ultimately explain the relationship of serenity to nursing practice. Further development of two primary areas of information are needed to explicate this relationship. There is a need for nurse researchers to identify and test nursing interventions that facilitate clients' attainment of serenity and to explain the relationship of attainment of serenity to desired clinical outcomes (e.g., improved physical health status and quality of life). Articles by Roberts and Messenger (1993, 1994) describe interventions that researchers might examine. Additionally, the concepts in **Figure 2** provide a guide for assessment cues and selection of nursing interventions to test in clinical practice. The relationship of serenity to the higher self suggests that proper nursing goals will include inspiring, guiding, and nurturing patients to seek lofty human values, and to live with enhanced awareness of the present. The following clinical example provides some ideas about how the concepts might be applied in clinical practice.

A 95-year-old widow, Oma, was admitted to a rehabilitation hospital following a hip fracture. Before the fracture, Oma lived alone with the support of a daughter who lived nearby. Her primary goal was to return home and continue to live alone. Oma had been legally blind since age 84.

The Safe Self. Initially the trauma disrupted Oma's sense of personal safety as she faced dislocation and pain. To restore a sense of safe self, Oma drew heavily on trust in God, her children, and health care professionals. She had a deep faith in God and a loving relationship with her children. Oma chose prayer to reach her inner haven, and to detach from fears and pain. Appropriate health care supported her physical safety. Problem solving to determine the best initial responses to the situation resulted in Oma moving to her daughter's home. Her strong sense of self-belonging however gave Oma the strength to maintain her personal goal of living independently. Nursing interventions focused on supporting the strategies that Oma naturally used to re-establish serenity, i.e., trust, prayer, self-belonging, a desire to live alone, and acceptance of help. Family members provided physical care and helped her nurture the inner haven by reading Bible verses to her. Education helped her and her family problem solve.

The Wise Self. Oma accepted her situation. Nurses supported Oma in her decision not to waste time fretting but to do what she could do to improve the situation. Nurses helped her to stay focused in the present. They helped her set daily rehabilitation goals such as the number and type of exercises she would do. Oma problem solved with an interdisciplinary group of health care professionals and decided to go to a rehabilitation center in another state. Nurses supported Oma's perception that the move was an opportunity to achieve her goal of returning home rather than a negative event that would require painful activities and separation from her daughter and close friends. Oma participated in the physical rehabilitation program with determination.

The Extended Self. Oma's connectedness with family and friends in her home town quickly extended to the staff and other patients at the rehabilitation center. Even though she was elderly she became involved with other patients, listened to their stories, and encouraged them not to give up. Nurses helped Oma to maintain her connectedness with family and friends by reading cards to her and helping her reply. Oma had a peaceful spirit and although she was very assertive about her needs, she found no reason to harbor feelings of resentment toward staff or friends. Oma shared her abundant flow of flowers and candy with other patients, particularly those who had no one to send them gifts.

The Universal Self. Oma was reminded of her inevitable death by the sudden awakening to physical vulnerability. Her faith in God, however, gave her a great sense of security that death represented not an ending but a changing life form. Her sense of unity with humankind was heightened by the awareness of suffering of those around her. Oma felt a strange sense of comfort and closeness through knowing that her secret fears and joys, while unique, were also experienced by all other patients at the hospital. Nurses talked with Oma about her philosophy of life and death, helping her muse about the eternal purpose of life. They asked library volunteers to fulfill her requests for books on spirituality. Once daily, Oma wheeled her chair to the rehabilitation garden where she listened intently to the trickling sounds of the waterfall. She smelled and touched the flowers, although she could barely see them. Nurses recognized Oma's search for universal connectedness. They supported Oma's activities as she made sense of her pain and connected her past with her immediate and long term future.

Clinical Outcome. At this writing, Oma has been home 3-years. Other than a new development of slow atrial fibrillation that is not amenable to conversion and requires no medication, Oma has had no change in health. She lives alone with the support of her daughter who lives nearby. Oma is able to walk with a cane and attends church every Sunday.

Oma's ability to seek and experience serenity was a powerful healing force. The support she received from nurses, other health professionals, and family kindled the intensity of her serenity. Nurses can unleash this healing power in other patients by inspiring them to seek serenity and supporting them in their efforts to find and maintain the nurturing inner tranquility. ΣΘΤ

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